

8A03024/US

Attorney Docket No.

016800-626

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RECONSTRUCTED EPIDERMIS/SKIN EQUIVALENT COMPRISING A CERAMIDE 7 AND /OR 5.5 AND LIPID LAMELLAR VESICULAR COMPOSITIONS COMPRISING CERAMIDE 7 AND/OR 5.5 COMPOUNDS

the specification of which (ch	neck only one item below):		
is attached hereto, a	and was amended on	(if a	pplicable).
🗷 was filed as United S	States application number 10	/766,016 on JANUAI	RY 29, 2004
and was amended o		(if applicable).	
was filed as PCT int	ernational application number	•	on
•	on(
the claims, as amended by a	viewed and understand the co any amendment referred to at sclose to the Office all inform	oove.	entified specification, including
defined in Title 37, Code of I	Federal Regulations, §1.56.		o material to pateritability as
I DOLONY CISIM TOTOLON PRIORIT		ad States Code \$\$110	(a)-(d) 172 or 365(a) of any
foreign application(s) for pat least one country other than foreign application(s) for pat least one country other than filing date before that of the	the United States of America ent or inventor's certificate or the United States of America application(s) of which priority	of any PCT international listed below and have any PCT international a filed by me on the same is claimed:	al application(s) designating a also identified below any application(s) designating at ne subject matter having a
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Application No. __10/766,016 Attorney Docket No. 016800-626

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns. Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 21839

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME** MÉLANIE CHOPART **INVENTOR'S SIGNATURE** DATE RESIDENCE (City, State & Country) 75017 PARIS, FRANCE CITIZENSHIP **FRENCH** MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 52, RUE DES BATIGNOLLES, 75017 PARIS, FRANCE NAME OF SECOND INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME ISABELLE CASTIEL INVENTOR'S SIGNATURE** I. CASTIEL RESIDENCE (City, State & Country) 06200 NICE, FRANCE CITIZENSHIP **FRENCH** MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 73, AVENUE RAYMOND SERAUD, 06200 NICE, FRANCE NAME OF THIRD INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME JEAN-THIERRY** SIMONNET **INVENTOR'S SIGNATURE** es they Simonn A RESIDENCE (City, State & Country) 94240 CACHAN, FRANCE CITIZENSHIP **FRENCH** MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 5**3** BIS, AVENUE CÁRNÓT, 94240 CACHAN, FRANČE